STATE OF MARYLAND—	CERTIFICATE OF DEATH 07746
1. PLACE OF DEATH	51,2
County Sarrett	Registration Dist. No. 131
Village or City Ketzmaller. Maryline	No. St., Ward
Length of residence in city or town where death occurred 17 yrs. 9 mos	Teath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Dwid Wenfield a	mold
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowski Wild	21. DATE OF DEATH Month Day (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Earrette arrell	22. I HEREBY CERTIFY. That I attended deceased from 7 elv 1 1935, to July 3 1935
6. DATE OF BIRTH (month, day, and year) /8 54 - Move . 544 7. AGE Years Months Days If LESS than	I last saw h 1.79 alive on yard 3 , 19.3 3 ; death is said to have occurred on the date stated above, at
88- 7 28, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Caremoina of prostrate 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month) and	Caremona of prostrate 1930
Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 13. BIRTHPLACE (city or town) 14. Slower Lynn (State or country)	Other Contributory Causes of importance;
14. BIRTHPLACE (city or town) (State or country) Hampshire has War	Name of operation Date of What test confirmed diagnosis? Oftention Was there an autopsy? We
15. MAIDEN NAME Susan I reducing 16. BIRTHPLACE (city or town) (State or country) Hampshire. 10 m 17. INFORMANT Mystle amold Pool. (Address) Banand 11 Add.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Literaller Date July 6th, 1935	Manner of Injury
19. UNDERTAKER A tun Tr. Sharpler v. (Address) Action les and: 20. FILED LEG 4, 1935 A & Barriel	24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Ralph Calandella M. E
Registrar.	(Address) All markey, VVV

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Rechesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home bousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82.0)
County Garett	Registration Dist. No. 16
Village or City year trackle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Lydia Baker	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mhdowld 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF BEATH (Month) (Day) (Yeer)
HUSBAND of (or) WIFE of Davill Baker 6. DATE OF BIRTH (month, dey, end year) May 9 - 1866 7. AGE Yeers Months Days If LESS than	13. HEREBY CERTIFY. That I attended deceased from 13. 19.35, to 11. 20. 19.35. (list saw h. Cheraiive on 11. 12. 13. 19.35.; death is said to heve occurred on the date stand above, bt. 2. m.
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupetion (month end year) 11. Totel time (years) spent in this occupation 9	
12. BIRTIIPLACE (city or town)	Dther Contributory Causes of Importance: Oslario Scherodis.
13. NAME Must Kamp 14. BIRTHPLACE (city or town) (State or country) Wat Knowen	Name of operation Dete of Whet test confirmed diegnosis? Physical Wes there en autopsy? MV
16. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME Sarah Gulfy (Stete or country) Not personen	23. If death wes due to external causes (VIOLENCE) fill in eiso the following: Accident, suicide, or homloide?
17. INFORMANT JAMES (3a/le) (Address) you taville 18. BURIAL, CREMATION, OR REMOVAL PIECE Majel yrasloate 2 - 2 2 19 35	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury
19. UNDERTAKER OWM Winterleys (Address) yoursulle Most 20. FILED 222 19.3.5 6 7 + Dill Registrar.	Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased? if so, specify (Signed) (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Ex	ample I		Example II	
The principal cause of dear of importance were as follo Arteriosclerosis	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	p.04 0	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

6	100	p such	1	1
- 1	17	6	4	0
	, -			

1. PLACE OF DEATH	
County yarell	Registration Dist. No. 176
All Mississipping and the company of	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME former Broad	dwales U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 7 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Dra anna Broadwales	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 29-1862	I last saw h.com. alive on 7-12-25 , 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at2 _Pm.
72 10 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	gorange melesters
work was done, as SILK MILL, Releved	
10. Date deceased last worked at this occupation (month and party / 120 spant in this year) 11. Total time (years) spant in this year)	
12. BIRTHPLACE (city or town) CLL d. (State or country)	Other Contributory Causes of Importance:
13. NAME Senry Broadwater 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Ma	What test confirmed diagnosis? Was there an autopsy?_?
15. MAIDEN NAME Sarah () Strekmart	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Sarah () Welknad	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Henry Broadwater (Address) a siften and	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wew Yesmony Date 7 - 26, 1935	Nature of injury
19. UNDERTAKER Allm Alineleys (Address) wintsmall	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jaly 25 35- Leo B Brown	(Signed) W. sleps V an Armer M.D.
Registrar.	(Address) thank my mile

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Example I	ang.	Example II	
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Chronic interstitial nephritis AUG 5 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

of OCCUPA-

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. 1	PLACE OF DEAT	TH			(69)			
	County Garret	t			Registration Dist. No. 166	3		
	Village or City Oak		laryland	. Star R	.D No	Ward		
	Longth of residence in air		and have a second		death occurred in a horpital or institution, give its NAME instead of street and not included. ds. How long in U.S. If of foreign birth?			
				yrsmos		Sus.		
2. 1	FULL NAME							
	(a) Residence: No S	lakland,	(Usual place of	ral Dist	• St., Ward. Cumberland, Md.	State		
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX	ale Whit	R OR RACE	5. SINGLE, MARE OR DIVORCED Widow	(write the word)	21. DATE OF DEATH July, 31, 1935 (Month) (Oay)	, 193		
5a. If	married, widowed, or divol IUSBANO of Or) WIFE of Harry		oks.	ila i	22. I HEREBY CERTIFY. That I ettended of July 30-			
e D43	TE OF BIRTH (month, day	Ma. Ma	rch, 10	. 1884	l last saw h alive on 19	, 19		
7. AGE		, and year) Months	Days	If LESS than	to have occurred on the date stated above, atm_	, 40411110 3014		
51	Marie and Article	4	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:			
1 5	3. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	rticular as SPINNER, H	lousewif		Chrinic disease of undetermination	oate of onset		
OCCUPATION	9. Industry or business in	which			Primary couse of death was that of a &	marria /		
5	work was done, es S SAW MILL, BANK, e	tc	1		Trasting disease Comot son definitely	/		
8 10). Oate deceased last wor this occupation (mor year)	ith and		me (years) t in this pation	it was of malignout original surp			
12. BII	RTHPLACE (city or town).	Virgini	a	••	Other Contributory Chuses of Importance:	3.0		
	(State or country)				Malnutrition	1935		
FATHER 14	NAME RESIDE				Toxemia None Dete of			
¥ 14	I. BIRTHPLACE (city or to (State or country)	wn) Woods	stock Va	•				
œ ,,		2			What test confirmed diagnosis NONE			
I		rknown			23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?			
S 16	6. BIRTHPLACE (city or to	wn)Ve	1.		Where did injury occur?	, 19		
17. IN	FORMANT Mrs. A	A.G. Tha	yer	¢	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLA	e) NCE.		
18. BU	RIAL, CREMATION, OR R	EMOVAL		2. ,19 35	Manner of Injury			
19. UN		Durst	Md.		24. Was disease or injuly in eny way related to occupation of deceased?			
20, FII	LED Aug, 2,	, 35	dia t	owan Registrar.	(Signed) Sur Manual Man	M. D.		
		If more	blanks are needed, a	ddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Example I		Example II	
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Chronic interstitica nophrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RE	July 5,1927	Peritonitis	3 days ago
NG 12 150			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الــــــا		

V. S. No. 1

)	I RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-		
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
V. S. No. 1	N. B.—WRITE PLAINLY	mation should be ca	() CAUSE OF DEATH	TION is very impor	

1. PLACE O				[3]		0.00
ounty	Garrett				Registration Dist. No	166
	city Mt. Lake				institution, give its NAME instead of str	
Length of re	sidence In city or town where	daath occurred	yrsmos	ds. How long In U.	S. If of foreign birth?yrs	ds.
	me John Wes nce: No. Mt. Lake		Ad.	St.,Ward.	If nonresident give city or to	wn and State
PERSOI	NAL AND STATIST	ICAL PART	ICULARS	MEDICA	L CERTIFICATE OF DEA	ATH
3. SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEAT		1935 ₁₉₃ (Year)
5a. If married, wido HUSBAND of (or) WIFE of	wad, or divorced	air		June, 26,	EBY CERTIFY, Thet Is 1935 June, 2	ittended daceased from
6 DATE OF BIRTH	(month, day, and year) Se]	ot, 28.	1851	i last saw h. im elive o	on July, a	19; deeth Is sald
	ars Months	Deys	If LESS than	to have occurred on the date	a stated abova, at 10:20 mP.	M .
8		1	1 day,hrs. ormln.	The PRINCIPAL CAUSE OF were as follows:	DEATH and related causes of importan	
9: Industry or work w. SAW M	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	# Mill			hritis ed Prostate ention.	
yaar) _	ity or town) Underwo	1923 sp	time (years) ent in this 30 yland.	Other Contributory Causes of	of Importance:	
(State or con						
H 13. NAMESO	lomon Calhon					
(Stata	E (city or town) West or country)		* * * * * * * * * * * * * * * * * * *		D	
15. MAIDEN N	AMEMary Swire	es		23. If death was due to exter	nel causes (VIOLENCE) fill in also the	following:
	E (city or town) West	Va.		Accident, suicida, or homicidal Where did injury occur?		·
17. INFORMANT (Address)	elvin L, Cal Mt. Lake Pa	lhoun rk Md.		Specify whether injury occu	(Specify city or town, county rred In INDUSTRY, in HOME, or in PUI	and State) BLIC PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL easant Vally	y Data Ju]	ly. 31, 3	Mannar of Injury		
19. UNDERTAKER _ (Address)	Emory Bolde Oakland, Mo	en i.	0	24. Was diseasa or injury in	any way related to occupation of decea	asad?
20. FILED July	, 30,1, 35	ufra /	Registrar.	(Signad) (Address)	Darie	m. D

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Example I	5-1 1 1 1 1 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis •	1 year	

St., street and number)

I attended deceased from 29 19.35 135 ; death is sald

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Allege	adur.	LAND	Registration Dist. No. 162	
0	tsville		NoSt.,St.death occurred in a horpital or institution, give its NAME instead of street and not in the control of the	
2. FULL NAME M (a) Residence: No.	ary Therese		St., Ward. If nonresident give city or town and S	State
PERSONAL AND STA	TISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. SEX 4. COLOR OR RA	OR DIVORCE	RIED, WIDDWED, D (write the word) Tied	21. DATE OF DEATH July (Month) 30 (Day)	193
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. D			22. I HEREBY CERTIFY, That I attended d May ,135 ,to July 29	lecea
6. DATE OF BIRTH (month, day, and yea	June 15.	1865	Hast saw ler alive on July 29, 135	
	nths Days L 15	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 9-39 m. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	D. I

Md.

17	Ø 70	1	15	1 day,hrs.
20	8. Trade, profession, or par kind of work done, a SAWYER, BODKKEEP	CDIMATED	ousewif	`e
OFA	9 Industry or business In work was done, as SI SAW MILL, BANK, et	LK MILL	Househo	ld_duties
2 1	10. Date deceased last work this occupation (mon	ed at	11. Total t	ime (years) nt in this

12. BIRTHPLACE (city or town) Stillwater, Mi	n esota.
(State or country)	

HE	13. NAME	ames	Kelly		
FATH		ty or town)		al.	Lreland.
HER	15. MAIDEN NAME	Ma:	rgaret	Car	ntwell
MOTE	16. BIRTHPLACE (ci		MaJoh	stor	ne ; Ireland

	17. INFORMANT			Fahey,	
	(Address)		Grant	sville	,
ľ	10 DUDIAL CDEMAT	IDAL OD DEMON	A SA	101104	1

URIAL, CREMATION, OR REMOVAL	Augus	U 1	1933
PlaceArlington C.er	netemy.	Was	h.D.C.
A			-

l	19. UNDERTAKER MM ONLY	turling
	(Address) yeartsell	
	20. FILED July 31, 193 N	57419:01
j	20. FILED	Della

THE PRINCIPAL CAUSE OF DEATH and related causes of importance	
were as follows:	Date of onset
Pernicious gnemia	3
	yrs.
Other Contributory Causes of importanca:	3
Albiminuria: Cause of albumine	yrs

Wilat te	st commine	a Giagilosis:	was there an autopsy	11
3. If dea	th was dua	to extarnal causas	(VIDLENCE) fill in also the following:	

Where did injury	occur?
	(Specify city or town, county and State)

Specify whather injury occurred	In INDUSTRY, In HDME, or in PUBLIC PLACE

Natu	re o	finjur	y	 ==	 	 	 		
24. W	as di	isease	or					deceased?	

f so, specify	1000
(Signed)	to to he m
(Address) Fro	stburg.Wa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

ARGIN RESERVED FOR BINDING supplied. CAUSE OF DEATH in plain terms, mation should be carefully -WRITE

should state tem of infor-

> PHYSICIANS statement

> > properly classified.

should so that it may certificate.

See instructions on back

TION is very important.

of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Vuly5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07752
1. PLACE OF DEATH	42-01
County SANYTE 10	Registration Dist. No. 10/
Village or City MAY ANDYS GOOM	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred fyrs. 2 mos.	
2. FULL NAME Anna Garles	te
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE So. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ga. If married, widowed, or divorced	21. DATE OF DEATH (March) (Day) (Year)
HUSBAND of Cor WIFE of This Garlette	22. I HEREBY CERTIFY, That I ettended deceased from 15, 1935, to July 9, 1935
6. DATE OF BIRTH (month, day, end year) Fact 3- 1862	I last saw alive on July 9, 1975; death is said
7. AGE Years Months Days If LESS than	to have occord on the date stated above at 12:10 Am.
73 5 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were as follows:
8. Trada, profession, or particuler kind of work done, es SPINNER, House E Losfe	Careinoma of ovary 1925
9 Industry or business in which work was done as SILK MILL.	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year)	
704	Other Coatributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14. BIRTHPLACE (city or town)	Name of operation Removal of Pelvis Termon Date of Dec., 19
(State or country)	Whet test confirmed diagnosis have refining I some as there an au'opsy? To
15. MAIDEN NAME COREZO-CESTA WELL GALLA	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Grillia January (Address) Jennendy of On ROTE!	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Unique Date July 1419.3	Nature of injury
19. UNDERTAKER 74.74. Savage Mo (Adphyss) Facendo Tielle Mo	24. Was disease or injury in any way related to occupation of deceased? Zo
20. FILED suly 1.3, 1932 Jeannelle Staller Registrar.	(Signed) Albert Lugham M. D. (Address) Sounding reld, Bar
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FALLED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE

V. S. No. 1

1,4	TAKGIN KENERVED FOR BINDING	FOR BINDING
-WRITE PLAINLY, WITH	H UNFADING INK-THI	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC
mation should be carefully	supplied. AGE should be	mation should be carefully supplied. AGE should be stated EXACTLY. P.
CAUSE OF DEATH in pla	in terms, so that it may be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact
TION is very important. See instructions on back of certificate.	See instructions on back of	certificate.

	-CERTIFICATE OF DEATH 07753
1. PLACE OF DEATH	97)
County Garrett	Registration Dist. No. 14 1 66
Village or City Oakland, Md. Route 2,	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred.76yrs11	nos. 15 ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Peter P. Gortner	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH 7 // (Dey) (Year)
n. If married, widowed, or divorced HUSBAND of (or) WIFE of Delphia Gortner, Deceased	1 HEREBY CERTIFY, That I ettended decessed from 4,1935, to July 7'', 1935
DATE OF BIRTH (month, day, and year) July 21, 1858	last saw h Line alive on Luly 1935; death is seld
AGE Years Months Days If LESS that 1 day,	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Other Contributory Causes of importance:
13. NAME Peter P. Gortner	
13. NAME Peter P. Gortner 14. BIRTHPLACE (city or town) Oakland, Md. (State or country) Garrett	Name of operation
15. MAIDEN NAME Barbara Shamback 16. BIRTHPLACE (city or town) Germany (State or country) 7. INFORMANT Herbert Gortner (Address) Grantsville, Maryland.	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?, 19, 19, 19
8. BURIAL, CREMATION, OR REMOVAL Place Gortner // 4 Date July 9, 1935	Manner of injury
9. UNDERTAKER Emroy Bolden (Address) Oakland Id. 0. FILED July, 8., 19.35 Ula Registrar	24. Was disease or injury legeny wey pelated to occupation of deceased? If so, specify (Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I.	-011	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NUC 12 1950	1915	Attack of epilepsy	1 week ago
Cerebral hemorrhage	2 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS I	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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RGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state D. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. LY, WITH UNFADING INK-THIS IS A PERMANENT RE N. B.-WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07754
1. PLACE OF DEATH	<u> </u>
County Darrott	Registration Dist. No.
Village or City Xetymiller	NoSt., Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1 1 -	Harrey.
2. FULL NAME Suface Soul	St., Wayd.
(a) Residence: No. (Usual place of abode)	St.,Wayd. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR INVORCED (write the word)	21. DATE OF DEATH July (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lucly 5, 1931	i last saw h alive on, 19; death is said
7. AGE Years Month Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Zizoofm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Gremeluse byly
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato deceased last worked at this occupation (month and spent in this	• music
year) occupation 12. BIRTHPLACE (city or town) Xity ruller	Other Coutributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town) Xetypills	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Idea Couley 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Correct Harvey (Address) Hamelley Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
HE DURAN SPEMATON PREMOVALERY	Manner of injury
Place Xity 10 0 340 7/ 4 , 19.55	Nature of injury
19. UNDERTAKER Othe F. Sharpless (Address) Slavine W. VII	24. Was disease or injury In any way related to occupation of deceased?
20. FILED July 6, 1935 a y Barrielo Registras.	(Signed) (Address) Blance 12 14
If more blanks are needed, address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private-family, cook hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," worker, "operative," etc.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc.

Find

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions; if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH	07755
9)	17.
County 1 County 1 Registration Dist. No. 1	0
Willage or City Acrue Quina My No. (If death occurred in a hospital or institution, give its NAME instead of street.)	t.,Ward
Length of residence in city or town where death occurredyrsds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME Day a l. Virginia Hewill	
(a) Residence: No. 1/0 6 Brentwood are Stallingere, and.	
(Usual place of abode) If nonresident give city or tov	vn and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEA	тн
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day)	, 193 5 (Yeer)
5e. If married, widowed, or divorced	(1661)
(or) WIFE of Edward C. Newitt 22. I HEREBY CERTIFY, That I att	tended deceased from
6. DATE OF BIRTH (month, day, and year) 46. 15 159 last saw h. A. elive on gally 41. 1.	-
7. AGE Yeers Months Days If LESS then to have occurred on the date stated above, at 2m.	
The PRINCIPAL CAUSE OF DEATH end releted causes of Importanc were as follows:	e Date of enset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spant in this	19.33
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Chronic any condition. Question: Unration:	ر د کا کی دی
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupetion	
12. BIRTHPLACE (city or town) Rukely Co- Other Contributary Canses of importance: (State or country) W. J. Co.	
13. NAME Tharutou Russler	
13. NAME Arutou Russell 14. BIRTHPLACE (city or town) Meme of operation Dai	te of
What test confirmed diegnosis? Wes the	ere an autopsy?
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIOEN NAME 23. If dealh was due to external causes (VIOLENCE) fill in elso the formula described on the complex of	ollowing:
16. BIRTHPLACE (city or town)	, 19
(State or country) Where did injury occur? (Specify city or town, country a	ind State)
17. INFORMANT Collaboration of the Balt Md. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL (Address) 1/0 & Parentinost and Balt Md.	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Plece Maillushury Dete	
19. UNDERTAKER Delse hat v Coffinal 24. Was disease or injury in eny way related to occupation of decease (Address) for transfer of the UR. If so, specify	ed?
20. FILEO Dela 21 1935 - Virainia M. Harrey, (Signed) W. J. L. Ly Lundwalen	M. D.

If more blams are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was dear

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis !	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 3 1909	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Section and the section of the secti			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

RGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07756
1. PLACE OF DEATH County	159
Village or City Sang Run	Registration Dist. No. / 6/ No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) 5a. If married, widowed, or divorcad	21. DATE OF DEATH July 35 (Year)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from the property 25, 19.35, to
6. DATE OF BIRTH (month, day, and year) 41/13/1935	I last saw her alive on July 767 , 19 35; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	ween as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	
10. Date deceased last worked at this occupation (month and year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME STRONG C. Kelly	
13. NAME France (City or town) Presture (Co. (State or country)	Nama of operation Data of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Ruth Ellen Frank 16. BIRTHPLACE (city or town). Sange (State or country)	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
Stata or country)	Accident, suicide, or homicide?
17. INFORMANT / What Pures 300 (Address) Saving Pures 300	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dex Snew Data 1143/, 1936	Manner of Injury
19. UNDERTAKER The Manager State of the Charles of	24. Wes diseasa or Injury In any way ralated to occupation of deceased?
20. FILED Stely 31, 1935 - Jeannette Statle	(Signed) M. C. (Address) — endsville m.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	~
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis [V E D]	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 NUC 5 1935			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

15

V. S. No. 1

)	item of infor-	should state	of OCCUPA-	1
DNIG	MANENT RECOAD. Every	KACTLY. PHYSICIANS	lassified. Exact statement	
FOR BI	S IS A PER	stated E	properly o	certificate.
A ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOAD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.	(1)

4	STATE O	F MAR'	YLAND-	CERTIFIC	ATE OF DE	EATH (17757
1. PLACE OF				97			
County Garrett					Registrat	ion Dist. No. 16	6
Village or City_	Village or City Oakland, Maryland.			Alo	oital or institution, give its N	42	Word
Length of resident	ce in city or town where d	aath occurred			oital or institution, give its N. g in U.S. if of foreign birth		
	James Ja						
	No. Oaklan		cmptil C1	St. Wa			
(a) Residence:	No. Oaklan	(Usual place	of abode)	SL,wa		dent give city or town as	nd State
PERSONAL	AND STATISTI	CAL PARTI	CULARS	MED	ICAL CERTIFICA	TE OF DEATH	
3. SEX 4.	COLOR OR RACE White	s. SINGLE, MARI OR DIVORCEI WIO	RIED, WIDOWED, O (write the word) Wed	21. DATE OF D	July,	31,13,	, 193 5 (Year)
5a. If married, widowed, HUSBAND of			1				
(or) WIFE of Lij	na Kemphfe	r		22. I H E	REBY CERT	IFY, That I attende	
S DATE OF RIDTH (mos	nth, day, and year May	, 30, 1	861	I last saw h	alive on		
7. AGE Years	Months 1	Days 15	If LESS than 1 day,hrs. ormin.	to have occurred on t	he date stated above, at 2.2 ISE OF DEATH and related	1;15 A.M.	Data of onset
8. Trade, profession	n, or particular			1 _	ly		Data Di Diitel
SAWYER, BO	done, as SPINNER, Fa	mer			Sclerosis		
work was do	iness In which ne, as SILK MILL, BANK, etc			Have not	seen him	for four y	ears.
O TO. Date deceased la	ast worked at on (month and	sper	me (years) nt in this pation				
12. BIRTHPLACE (city or (State or country)	town) Oakland Garrett		and,	Other Contributory Co	anses of importance:		
	es J. Kemp						
I				Name of a section		Date of	
(State or cou	ty or town) Oakla.	na, wa.			diagnosis?		
15. MAIDEN NAME	Elizabeth	Tipp			external causes (VIOLENC		
1	ty or townRichmo				homicide?		
≤ (State or cou		*****		Where did injury occu	ur?		
17. INFORMANT Paul Kemphfer (Address) Oakland; Md.				Specify whether Injur	(Specify ci ry occurred in INDUSTRY, I	ty or town, county and S in HOME, or in PUBLIC	tate) PLACE.
18. BURIAL, CREMATION		Date July	, 15,19 3	Manner of injury			
19. UNDERTAKER Em	ory Bolden kland, Md.	ŧ	2		ury in any way related to c	ocupation of deceased?_	
20. FILED July		ulia (Registrar.	(Signed) (Address)		mag	м. D
	I more	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, L	Baltimore, Requesting V. S.	No. z.	

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Fil [6]	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car *	1 week ago	
Cerebral hemorrhage BURFA!! V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

PHYSICIANS should state Exact statement of OCCUPA. D. Every item of infor-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied.

V. S. No. 1

STATE O	MARYL	AND	CERTIF	ICATE	OF	DEATH
---------	-------	-----	--------	-------	----	-------

0	7	1	5	3
_		-		

1. PLACE OF DEATH	172
County January	Registration Dist. No.
Village or City Kilymiller	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os." ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Stark (Haller mo	200
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sully 11-1995	I last saw alive on July 1 , 19 J. J. death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . 3. am.
2 1 day,hr	THE TAINCE AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as rollows: Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Trematurity Julyp.3
S. Flade, professing, or particular to the following of the following of the following	
10. Data deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Milmillery (State or country)	Other Cantributary Canses of importance:
E bles South	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? None Was there an autopsy? 742
15. MAIDEN NAME Marie Moon	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Mare, Moone 16. BIRTHPLACE (city or town) Lulymider (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sac Moone Market	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMDVAL Place Description Commission Date July 19., 19.	Manner of injury
19. UNDERTAKER USTA F Shaplas Grace (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED ely 14, 19.35 a 4 Barrielo Registrat.	(Signed) of Ith Culaudrella M.D. (Address) The milks Med.
Kegmar.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis CCGT , d25	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	117
County Harrell Co.	Registration Dist. No. / 6
Village or Gi	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death occurredyrsmos	
2. FULL NAME Soreal Thomas	Rilea
(a) Residence: No. Daklund Md R	Z St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Il White married	(ponth) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22,0 I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Mess Cas/by	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dac. 3. 1863	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2632 m.
72 7 1 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causas of importance
de 8 Trada profession or particular	were as follows: Date of onset
kind of work done, as SPINNER Colorer SAWYER, BOOKKEEPER, atc.	braken neck and disoluted 1/3/33
9. Industry or business in which work was dona, as SILK MILL,	Shall
SAW MILL, BANK, atc	
- I d time constitution of the state of the	
yoar)occupation	Other, Contributory Causes of importance:
12. BIRTHPLACE (city or town) Calculated	/ fine st far as known
(State or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) Thornes Riley (State or country) Thornes Riley	Name of operation
(State of country) of wherean, 4 1/10.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Miss. Copp. 16. BIRTHPLACE (city or town) Accident (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) accept	Accidant, suicide, or homicida? Loca Lynn. Date of injury July 3., 1920.
(State or country) ma.	Where did Injury occur? Ted (Specify city or town, county and State)
17. INFORMANT CADDRESS (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury Tiell from barn -
Placa Pleasant Walley Date July 5, 1935	Nature of injury Il handless of shall r broken neck
10 HADERY STATE SCHOOL 1	24. Was disaase or injury. In any way ralated to occupation of dacaased? 22
19. UNDERTAKER (Addrass)	If so, specify
- July 5- 30 Plane O XLaller	(Signed) Harold () below M. B.
20. FILE Registrar.	(Address) Palon Wille
If more blanks are needed, address State Revisitear	2411 N Charlet Street Relimone Panesting 71 S No.

1 h say say for a h

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Exam		į	Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1110	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	AUG 3 IS	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1776)
1. PLACE OF DEATH	97)
County Garrett	Registration Dist. No. Throat
Village or City Grantsville, Md.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara death occurredyrs3mos.	26 ds. How long In U.S. if of foreign birth?
2. FULL NAME Cyrus Rodamer	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marie Ma	21. DATE OF DEATH () LLL 2 5 193 6 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of Lydia Rodanee	22. I HEREBY CERTIFY That Lattended deceased from 1935 to July 2 5 19 3 5
6. DATE OF BIRTH (month, day, and year) Feb. 9, 1847	lost saw hage alive on Auly 2 4, 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3-,34 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Interesclesses Date of onset
SAW MILL, BANK, etc	A
12. BIRTHPLACE (city or town) Beslin, Somerset Co, (State or country)	Other Coutributory Causes of importance:
A Programme	
13. NAME John Bodamer 14. BIRTHPLACE (city or town) - g	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Assaah Long (State or country) 17. INFORMANT Stewart Evidances (Address) Grantswille, Md.	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Saliabury, Pal. Date July 27, 1935	Manner of Injury
19. UNDERTAKER Milliam Minterberg (Aponess) spantsville, md.	24. Was disaase or injury In any way ralated to occupation of deceased?
20. FILED 7 26, 19 83 ST Will Registrar. If more blanks are needed address State Registrar.	(Signad) M. D. (Address) Contact Cont

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Fi Fi	Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis ALC 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
N. C.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

item of infor-	should state	of OCCUPA-	
RMANENT RECORD. Every	XACTLY. PHYSICIANS	classified. Exact statement	
INK-THIS IS A PE	should be stated E	it may be properly	on back of certificate
5		at	7.00
WITH UNFADIN	efully supplied. AG	in plain terms, so th	ant. See instruction
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07761
1. PLACE OF DEATH	93-2
County Yasette	Registration Dist. No.
Village or City year traille	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME annil Colisabeth Sof	Kay If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Sa, If married, widowed, or divorced	21. DATE OF DEATH 2 / 193 5 (Yeer) (Yeer)
HUSBAND of Thomas Spifes	22 HEREBY CERTIFY. That I attended deceased from 1930, to 1930.
6. DATE OF BIRTH (month, day, and year) May 3 - 1837 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above at \$2.50. m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Old al. (State or country) 23. NAME Malkew Mathew	Other Contributory Causes of Importance:
13. NAME Mathew Mathew 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country) England	Whet test confirmed diagnosis? Was there an autopsylve
15. MAIDEN NAME Guna Elizabeth O Rio 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Thomas Shifter (Address) 18. MAIDEN NAME Guna Elizabeth O Rio 18. MAIDEN NAME Guna Elizabeth O Rio 18. MAIDEN NAME Guna Elizabeth O Rio (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place yearstrulle Date 7 - 24, 1935	Manner of injury
19. UNDERTAKER AUM AUMITULES (Address) yuantarille AUM 20. FILED 24, 1935 6 74 Bell Registrar.	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- 1	Example II	
The principal cause of importance were	The state of the s	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECEIVEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NUG 5 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 .

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07762
County Hanell	Registration Dist. No. 167
Village or City Gortines	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _/->yrs!mos	
2. FULL NAME Aman Banks	Swartzenhuber
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
HUSBAND of Aniel Learning Control of the State of the Sta	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BORTH (month, day, and year) Aug - 16 - 1919	I lest saw harman alive on alive on 25, 19.3; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 3.300 m.
10 // 14 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	0
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this eccuration (month and	anne myslord Leuxenna
Spellt III this	3
12. BIRTHPLACE (city or town) Gottner, (State or country)	Other Contributory Causes of importance:
13. NAME Daniel & Swartsentruber	
14. BIRTHPLACE (city or town) Middle (State or country)	Name of operation
(out of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Miss Lighty 16. BIRTHPLACE (city or town) Sallsbury (State or country) 7. WESSELECT TO THE STATE OF THE S	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Danlad md R ?	opens, mission many occurred in muserici, in nume, or in robelle PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of Injury Nature of injury

If so, specify

(Address)

24. Was disease or injury in any way related to occupation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	4.
The principal cause of death-and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitiul nephritis	11921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURTAU V. S.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEA		MARY	/LAND-	CERTIFICATE OF DEATH 07	763
Co ++				Registration Dist. No. 1	66 .
Village or City Oakland, Maryland.			1d-•(IF		ward
2. FULL NAME Gi (a) Residence: No.			and	St., Ward. If nonresident give city or town and	Stale
PERSONAL AN	ID STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	n or race 5.		IED, WIDOWED, (purite the word)	21. DATE OF DEATH July, 13, 1935 (Month) (Oav)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE Mary Friend Whorton				22. I HEREBY CERTIFY, That I ettended of July, 13, 1935, to July, 13,	deceased from
6. DATE OF BIRTH (month, da 7. AGE Years	y, and year) June	e, 16,	1894	I last saw h_im_alive onJuly, 7, 19 3	death is sale
41	O	26	1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Plasterer Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this securation (month end spent in this securation (month end spent in this spent in this securation (month end spent in this spe		Automobile Accident. Fracture of Fracture of right humerus			
10. Date deceased last wo this occupation (moyear)	a time occupation (month one		Fracture of (lower)		
12. BIRTHPLACE (city or town) Oakland, Maryland. (State or country) Garrett Co.		Other Contributory Causes of importance:			
13. NAME John W. Whorton 14. BIRTHPLACE (city or town) Allegheny Co. (State or country)).	Name of operation Oate of What test confirmed diagnosis? Was there an a	
15. MAIOEN NAME Edna Arnold 16. BIRTHPLACE (city or town) Oakland, Maryland. (State or country) Garrett Co.			land.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicideccident. Date of Injury uly	, 7,3,
17. INFORMANT Alice Whorton (Address) Oakland, Md.				Where did injury occurROUL, # 37- 2-miles (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA On Public Highway.	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Oakland, Md. Oate July, 1,6, 3			y, 16, 3	Manner of Injury Collision. Nature of Injury	
19. UNOERTAKER Emorty Bolden (Address) Oakland, Md.			7	24. Was disease of a jury in any way related to occupation of deceased? If so, specify (Signed)	D. M.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Local

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related of importance were as follows: ECEI Arteriosclerosis	causes Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1930 1921	Run over by strect car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
BUREAU	V. P. 11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

	item of infor-	should state	of OCCUPA-	
	REC. D. Every	. PHYSICIANS	Exact statement	1
RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	tificate.
RVED F	THIS IS	ould be sta	may be pre	back of cer
IN RESE	DING INK	. AGE sh	so that it	uctions on 1
RG	ITH UNFA	ully supplied	plain terms,	t. See instri
	LAINLY, W	uld be carefu	P DEATH in	TION is very important. See instructions on back of certificate.
1,	-WRITE P	mation sho	CAUSE OF	TION is ve

V. S. No. 1 B ż

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 07764
County Daniell	Registration Dist. No. 169
Village or City suawlow	No. St., Ward
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frank Hult	
(a) Residence: No. Snowly 9/8	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 9nall 4. COLOR OR RACE 9nall 9thite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write) e word)	21. DATE OF DEATH 7
5a. If married, widowed, or divorced HUSBAND of Milased Hill (or) WIFE of Milased Hill	22. HEREBY CERTIFY, That attended deceased from
(or) wire of measures frace	7-14-1935,10 /-/8-1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 10 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific property).	
10. Date deceased last worked at this occupation, (month and year) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) Sanett (E)	Other Contributory Causes of importance:
(State or country)	_
14. BIRTHPLACE (city or town) Oakland	
14. BIRTHPLACE (city or town) (Carramy) With	Name of operation
# 15. MAIDEN NAME Wiss Hover	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Whomen	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Frank Hill (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place San January 1933	Nature of injury
19. UNDERTAKER TO Blamb MA	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7/1819 35 allie 971. anhly Registrat.	(Signed) Education M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epitersy' A (1V3808)	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year